URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 0 1960

ENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 363 -60-034096 STATE FILE NUMBER

1. PLACE OF DEATH
   - a. COUNTY: Cape Girardeau
   - b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau
   - Length of stay in 1b:
   - c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Southeast Mo. Hospital
   - Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   - a. STATE: Missouri
   - b. COUNTY: Stoddard
   - c. CITY OR TOWN: Bernie
   - Inside Limits: Yes ☐ No ☒
   - d. STREET ADDRESS (If outside, give location): R. F. D. #1
   - Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Maud; Middle: Muller; Last: Smith

4. DATE OF DEATH: Month: Sept.; Day: 4,; Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-26-1888

9. AGE (last birthday): 72
   - IF UNDER 1 YEAR: Months 6; Days 8
   - IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Buchanon, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Joseph Dunn

13b. MOTHER'S MAIDEN NAME: Louisa Baker

14. NAME OF HUSBAND OR WIFE: Thomas B. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Thomas B. Smith. Address: Bernie, Mo. R. 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (a): Congestive heart failure
- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
  - DUE TO (b): (Diabetes Mellitus, Coronary
  - DUE TO (c): heart disease, Cerebral [illegible])

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION; COUNTY; STATE

21. I attended the deceased from 8-5-1960, to 9-4-1960 and last saw her alive on ____

Death occurred at 7:15 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert M. Estes M.D.

22b. ADDRESS: 714 Broadway, Cape Girardeau Mo

22c. DATE SIGNED: 9-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-6-60

23c. NAME OF CEMETERY OR CREMATORY: Grassy

23d. LOCATION (City, town, or county) (State): Near Lutesville, Mo.

24. FUNERAL DIRECTOR: Duffie-Rainey. ADDRESS: Bernie, Mo.

25. DATE RECD. BY LOCAL REG.: 9-14-60

26. REGISTRAR'S SIGNATURE: June Kasten

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____; Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.